



**LCLC**  
Lake Chautauqua Lutheran Center

# Senior High Winter Retreat

January 6-8, 2023

## Just for Senior High Youth: (9<sup>th</sup>-12<sup>th</sup> Grades)

You are invited to spend the weekend at LCLC learning about your relationship with God and having an awesome time with new and old friends.

### The LCLC Winter Weekend includes:

- Fun Bible Studies
- Meaningful Worships
- Campfires, Great Music and S'mores
- Sledding and Fun in the Snow
- Games and Hikes, Great Food and Snacks



Grab a friend, bring your sleds and winter gear and get ready for a great LCLC experience. The retreat begins with registration at 7:00 p.m. Friday night and ends with closing worship at 10:30 a.m. Sunday. Your families are welcome to join us for Sunday worship.

### **Cost:**

\$120/person (Includes a \$25 non-refundable deposit).  
Includes programming, great meals, delicious snacks, and lodging in the Retreat Center.  
Registration deadline is December 31, 2022.

### **Lake Chautauqua Lutheran Center**

5013 Rt. 430  
Bemus Point, NY 14712 \* PH(716) 386-4125 \* FAX(716) 386-5714 \* [contact@lclcenter.org](mailto:contact@lclcenter.org)

## **LCLC Senior High Winter Retreat Registration (Please complete Front and Back)**

Name \_\_\_\_\_  
First Last Gender Grade DOB

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Roommate Request \_\_\_\_\_  
Please one name only

Please make checks payable to LCLC or charge with your credit card: (Visa, MC, AmEx, Disc. accepted)

Amount Enclosed \_\_\_\_\_ Check Number \_\_\_\_\_

Card Type \_\_\_\_\_ Number \_\_\_\_\_ Security Code \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month/Year



**Lake Chautauqua Lutheran Center, Inc.**

5013 Route 430  
Bemus Point, NY 14712  
716-386-4125  
contact@lclcenter.org



**Senior High  
Winter Retreat  
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**LCLC Winter Retreat Consent for Medical Treatment Form**

I give my child, \_\_\_\_\_ my permission to attend Lake Chautauqua Lutheran Center's Winter Retreat on January 6-8, 2023. I also give permission to photograph and record (digitally and analog) my child and to use their images and sound prints in promotional materials for LCLC.

In the event that I/we cannot be reached in an emergency, I/we, the undersigned, hereby authorize a representative of Lake Chautauqua Lutheran Center to consent and authorize emergency medical treatment, surgery or dental care to be given to my child, \_\_\_\_\_ as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

|                                        |                                         |                                                                         |                |                    |
|----------------------------------------|-----------------------------------------|-------------------------------------------------------------------------|----------------|--------------------|
| Parent or Guardian Signature _____     |                                         | Family Physician _____                                                  | Phone _____    |                    |
| Date _____                             | Family Insurance Company _____          |                                                                         | Policy # _____ |                    |
| Insurance Company Address _____        |                                         | City _____                                                              | State _____    | Zip _____          |
| Home Phone _____                       | Work Phone _____                        | Allergies, Conditions or Medications of which we should be aware? _____ |                |                    |
| Medical Conditions continued.... _____ | Secondary Emergency Contact: Name _____ |                                                                         | Phone _____    | Relationship _____ |